

# EXAMPLE

## LOAN REPAYMENT PROGRAM WORKSHEET

NAVY JOE S

Applicant Name (Last, First, Middle):

CHECK-LIST	APPLICANT INITIALS	REC'D LPO/ LCPO INITIALS	CLASSIFIER INITIALS	SENIOR CLASSIFIER APPROVAL	CNRC LRP MANAGER INITIALS	LRP MANAGER ACCEPT/REJECT COMMENTS		
						OK	INCORRECT	MISSING
Enlistment Character	JSN	XXX	XXX	XXX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Understanding	JSN	XXX	XXX	XXX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO 5475 (For each loan)	JSN	XXX	XXX	XXX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO 5475 (RCN application only)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prerequisite Status (For each loan)	JSN	XXX	XXX	XXX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIDE/GETREC PR	JSN	XXX	XXX	XXX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LRP MANAGER WILL SEND CONFIRMATION EMAIL OR REJECTION TO:

email XXXXX@XXX.XXX

Phone Number (XXX) XXX-XXXX

Avoid delays in processing. Do not send incomplete or illegible packages to CNRC. For consolidation loans, additional documentation may be required at the discretion of the LRP Coordinator (CNRC N32).

PLEASE DIRECT ANY QUESTIONS VIA E-MAIL TO: CNRC\_LRP-EB@navy.mil

THE BELOW IS TO BE USED BY LRP MANAGER:

APPROVED AND CONFIRMATION EMAIL SENT

REJECTED FOR THE FOLLOWING REASONS:

- ☐ 1. AS NOTED IN THE RIGHT HAND COLUMN ABOVE
- ☐ 2. PRIDE GETREC DOES NOT MATCH APPLICATION

3. OTHER (Explain):

NOTE: THIS APPLICATION HAS BEEN DISCARDED. UNLESS OTHERWISE INDICATED, WE DO NOT KEEP A RESIDUAL FILE FOR INCORRECT OR INCOMPLETE LRP PACKAGES. WHEN RESUBMITTING APPLICATION, PLEASE RESEND THE ENTIRE APPLICATION.

Use for ACTIVE and NATIONAL CALL TO SERVICE LRP APPLICANTS.

For Official Use Only When Filled In

## Enlistment Guarantees

COMNAVCRUITCOMINST 1130.8J

Name (LAST, FIRST, MIDDLE, JR., ETC.)

Social Security Number

NAVY, JOE S

000-00-0000

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy ( **Active** ) Component I hereby acknowledge that I am enlisting for a total Military Service Obligation (MSO) of 8 years. I fully understand and acknowledge that my MSO consists of an active duty obligation of **6** years as indicated in the options listed below with the remaining **24** months of my MSO served in the Individual Ready Reserve (IRR). I understand my contract has the following guaranteed options which require the indicated active duty service obligation(s):

<b>Option 1</b>	<b>ADVANCED TECHNICAL FIELD CRYPTOLOGIC TECHNICIAN - INTERPRETIVE (ATF/CTI 6YO) PROGRAM</b> requires <b>4</b> years active duty obligation and a voluntary extension of <b>24</b> months to meet the rating, school, and program guarantee active duty obligation requirement and a voluntary extension of <b>N/A</b> months to meet the enlistment bonus requirement.
<b>Option 2</b>	<b>LOAN REPAYMENT PROGRAM (LRP)</b> Up to \$65,000
<b>Option 3</b>	
<b>Option 4</b>	

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological, and academic requirements of the options guaranteed in the above section, and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the guaranteed options specified above. If, during the periodic reviews of my eligibility, I am found no longer eligible for the options listed above because of information I provided in my enlistment application; because of a physical or psychological disqualification; or because of some reason that is not due to my fault, negligence, or conduct, I may choose to be reclassified for an enlistment training program for which I'm qualified and a vacancy exists. In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the guaranteed options specified above because of some reason that is due to my fault, negligence, or conduct or if I am disenrolled for any other reason not specified in paragraph 3, then I lose that guarantee and, at the Navy's option, remain subject to continued Naval service. I also understand that if I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or any enlistment incentive, I may incur additional service as required by regulation. The Navy may, at its option, discharge me in accordance with law and regulation.

5. Place your initials in the applicable blocks:

I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting and the Statement(s) of Understanding required.	
I understand that in order to receive the enlistment bonus option that I must remain qualified and serve in the rating/program listed in Option 1.	
I understand that I may waive my homeport option while at recruit training and become eligible for assignment at the needs of the Navy. If I accept reclassification to another enlistment training program for any reason, then I understand the homeport guarantee option becomes null and void.	

X

29APR14

X

29APR14

Signature of Classifier

Signature of Enlistee

**PRIVACY ACT NOTIFICATION** This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made.

Annex

to DD Form 4 dated

NAVCRUIT 1133/52

(Rev 10-2013)

For Official Use Only - Privacy Sensitive

NAVY

Request to add LRP option - 29 Apr 2014

Recruit NAVY, JOE S ( 0000 ) has REQUESTED the Loan Repayment Program (LRP) option and has asked that LRP be ADDED to both the PRIDE record and Enlistment Guarantees (NAVCRUIT 1133/52).

RECRUIT:

I knowingly and voluntarily request the LRP enlistment option. I understand that I have 60 days from ( 29 Apr 2014 ) to submit my application for approval to the Navy. If the application is not received within the 60 days, an Exception to Policy (ETP) is required. If I go on active duty before the 60 days time limit, then I must complete the application process before my enlistment date.

SIGNED: \_\_\_\_\_ DATE: 20140429  
Recruit's Signature

CLASSIFIER:

I confirm that I have explained the application procedures and given NAVY, JOE S a copy of the FAQs located at <http://www.cnrc.navy.mil/eincentives/loan-repay-faq.html>.

SIGNED: \_\_\_\_\_ DATE: 20140429  
Classifier's Signature

\_\_\_\_\_  
Classifier's Printed Name (STATION: COLUMB MEPS: 57 )

Instructions:

1. SAVE and PRINT form.
2. Give a signed copy to the Recruit, retain a copy in the residual file and forward a copy with the application package to the LRP Manager at [cnrc\\_lrp-eb@navy.mil](mailto:cnrc_lrp-eb@navy.mil) using the SAFE website.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2171

PRINCIPAL PURPOSE: To ensure any Loan Repayment Program guarantee listed in the recruit's enlistment guarantees is consistent with the PRIDE reservation system.

ROUTINE USES: See principal purpose.

DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay shipping to boot camp.

## Statement of Understanding Loan Repayment Program

### PRIVACY ACT NOTIFICATION

**AUTHORITY:** 10 U.S.C. 133, 275, 503, 504, 508, 510, 672, 1071-1087, 1168, 1169, 1475-1480, 1553, 5013; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSES:** To provide recruiters with information concerning personal history, education, professional qualifications, mental aptitude, and other individualized items which may influence the decision to select or non-select an individual for enlistment or commission in the U.S. Navy, to provide historical data for comparison of current applicants with those selected in the past, and to provide delayed entry personnel with training modules and allow DON officials to use the Navy Applicant Management Information System (NAMIS) to conduct surveys and administer on-line screening tool that identify whether the delayed entry personnel qualify for special operations programs and other high-priority programs.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Merchant Marine personnel, and to other departments and agencies of the Executive Branch of government in the performance of their official duties related to the management of quality military recruitment as published in the Federal Register.

**DISCLOSURE:** Disclosure is voluntary; however, failure to provide the requested information may preclude receiving student loan repayments after enlisting in the U.S. Navy.

1. In connection with my enlistment into the U.S. Navy, I hereby acknowledge and understand:

- a. I am enlisting for an incentive option: U.S. Navy Enlisted Loan Repayment Program.
- b. I understand I am eligible to enroll in the Montgomery GI Bill Program but will not establish eligibility for benefits and meet the requirements of the program until after I reenlist and serve an additional 36 months. DD Form 2366 will be used to document my selection.
- c. I understand service commitments for Sailors participating in the Enlisted Loan Repayment Program do not count as qualifying active duty for the Post 9/11 GI Bill Program. Qualifying service starts after completion of three years of active duty.
- d. The Loan Repayment Program is limited to \$65,000 total in loans distributed in 3 equal payments. The loan(s) will be repaid in thirds of the original loan amount or unpaid principal balance at time of accession or \$1,500 (whichever is greater). The first payment will be received after completion of my first year of service in a qualifying rating and annually thereafter.
- e. I understand that only certain loans qualify for the LRP. Loans which qualify for this program include those guaranteed under Title IV, Part B, D, or E of the Higher Education Act of 1965 (10 U.S.Code Section 510) that were incurred before entering active duty, including:
  - 1) Federal Stafford;
  - 2) Federal Perkins;
  - 3) Federal Ford;
  - 4) Federal PLUS (if the service member is the student); and
  - 5) Federal Consolidated loans.

DD Form 2475 Block 3n Type of Loan	DD Form 2475 Block 3p Name institution where payment is to be made	DD Form 2475 Block 3j Unpaid Principal Balance	DD Form 2475 Block 3c Original Loan Amount
Title IV	Fed Loan Servicing	2,799.96	3,500
PLUS	Department of Education	6,590.8	12,968
Stafford	Nelnet	9,967.87	14,500

Name: (Last, First, Middle)  
NAVY, JOE S

SOCIAL SECURITY NUMBER:  
000-00-0000

## Statement of Understanding Loan Repayment Program Continued

DD Form 2475 Block 3n Type of Loan	DD Form 2475 Block 3p Name institution where payment is to be made	DD Form 2475 Block 3j Unpaid Principal Balance	DD Form 2475 Block 3c Original Loan Amount
Stafford	Sallie Mae	6,309.59	8,500
Federal Consolidated	Great Lakes	32,314.17	39,544.42
Perkins	SIU	1,673.52	4,100

f. I have listed each DD 2475 eligible loan for repayment.

g. I understand that all payments, less Federal and State taxes, will go directly to the lender. A W-2 will be sent to my command. To check on a W-2 call (877) 747-7657.

h. I understand that I will not be reimbursed for payments I make or have already made to lenders. The Navy will not repay interest or associated fees on my loans.

i. I understand that my loans must not be in default and must remain in good standing while I am on active duty. I understand that it is my responsibility to coordinate with my loan holder(s) regarding forbearance and deferment matters.

j. I understand the DD Form 2475 must be submitted annually within 90 days to trigger a payment to lenders in block 3p.

k. I understand that if I separate from enlisted status, my LRP benefits will stop.

l. I understand that for the LRP payment process to begin I must first provide a scanned copy, complete with lender verification and signature, of my DD Form 2475 to the LRP Manager 90 days prior to my anniversary date. I will email the completed DD Form 2475 to NAVCRUITCOM (N32) at [cnrc\\_lrp-eb@navy.mil](mailto:cnrc_lrp-eb@navy.mil). Incomplete or improperly filled out forms will not be accepted. For instructions go to [www.cnrc.navy.mil](http://www.cnrc.navy.mil), select NRC Links Enlisted Incentives, then Loan Repayment FAQs.

m. I understand that I may contact NAVCRUITCOM at (877) 747-7657 if I have questions regarding my LRP package.

n. I understand while on Active Duty that I must remain in the rating listed on my current Annex to DD Form 4 (Enlistment Guarantee/NAVCRUIT 1133/52) or have been involuntarily removed from that rating through no fault of my own, to maintain my eligibility. If my prospective rating changes, as identified on my current Annex, prior to rating designation, I will provide the new Annex to the LRP Manager immediately. If my rating changes after rating designation, I will provide official documentation characterizing the primary reason for the change to the LRP Manager immediately. It is recommended, before I accept a change in rating, that I contact the LRP Manager for pre-approval for the continuation of benefits.

Name: (Last, First, Middle) NAVY, JOE S	Signature	Date 29APR14
Applicants Email: JOE.NAVY@GMAIL.COM		SOCIAL SECURITY NUMBER: 000-00-0000
Name: (Navy Recruiting Official) CLASSIFIER NAME	Signature	Date 29APR14

<b>DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION</b>	<b>CONTROL NO.</b>	<b>LOAN PROGRAM (X one)</b> <input checked="" type="checkbox"/> <b>ACTIVE DUTY LRP</b> <input type="checkbox"/> <b>HEALTH PROFESSIONALS LRP</b> <input type="checkbox"/> <b>SELECTED RESERVE LRP</b>	<b>OMB No. 0704-0152</b> <b>OMB approval expires</b> <b>Jan 31, 2017</b>
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK 1.</b>			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve, and E.O. 9397, Social Security Number (SSN).			
<b>PRINCIPAL PURPOSE(S):</b> In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: <a href="http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html">http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html</a> .			
<b>ROUTINE USE(S):</b> To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> may apply to this collection.			
<b>DISCLOSURE:</b> Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed.			
<b>OFFICIAL MILITARY PERSONNEL FILES:</b> Air Force: <a href="http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html">http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html</a> Army: <a href="http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html">http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html</a> Army National Guard: <a href="http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html">http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html</a> Navy: <a href="http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html">http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html</a> Marine Corps: <a href="http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html">http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html</a>			
<b>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</b>			
<b>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</b> [Redacted Address]		<b>b. VERIFYING OFFICIAL</b> I certify that this servicemember has performed satisfactorily. <b>(1) NAME (Last, First, Middle Initial)</b> [Redacted Name] <b>(2) SIGNATURE</b> [Signature] <b>(3) DATE SIGNED (YYYYMMDD)</b> 20140303	
<b>2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower if parent loan incurred for Servicemember's education - see instructions)</b>			
<b>a. NAME (Last, First, Middle Initial)</b> [Redacted Name]		<b>b. ADDRESS (Street, City, State, and ZIP Code)</b> [Redacted Address]	
<b>c. SOCIAL SECURITY NO.</b> [Redacted SSN]	<b>d. TELEPHONE NO. (Include Area Code)</b> [Redacted Phone]	I authorize the release of my financial data by lender/holder to complete entries in Section 3.	
<b>e. E-MAIL ADDRESS</b> [Redacted Email]		<b>f. SIGNATURE</b> [Signature]	<b>g. DATE SIGNED (YYYYMMDD)</b> 20140303
<b>3. LOAN DATA (To be completed by loan servicing agency)</b>			
<b>a. NAME ON THE LOAN (Last, First, Middle Initial)</b> [Redacted Name]		<b>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)</b> 20080522	
<b>c. ORIGINAL LOAN AMOUNT</b> 3500.00	<b>d. LOAN</b> 1 <b>OF</b> 11 <b>LOANS</b>	<b>e. LOAN ACCOUNT NUMBER</b> [Redacted Account Number]	
<b>f. LOAN HOLDER NAME</b> <b>FEDLOAN SERVICING</b>		<b>g. LOAN HOLDER ADDRESS (Include ZIP Code)</b> PO BOX 69184 HARRISBURG PA 17106-9184	<b>h. TELEPHONE NUMBER (Include Area Code)</b> 800-699-2908
<b>i. LOAN IN DEFAULT (X one)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>j. UNPAID PRINCIPAL BALANCE</b> 2799.96	<b>k. OUTSTANDING BALANCE</b> 2923.17	<b>l. IS THIS A CONSOLIDATED LOAN?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>m. FEDERAL TAX IDENTIFICATION NO.</b> 52-1198289	<b>n. TYPE OF LOAN (See Instructions)</b> TITLE IV	<b>o. LOAN INTEREST</b> <b>(1) CAPITALIZED</b> \$ 1.83	<b>(2) CURRENT YEAR</b> \$ 123.81
<b>p. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)</b> DEPARTMENT OF EDUCATION FEDLOAN SERVICING PO BOX 530210 ATLANTA GA 30353-0210			<b>q. LENDER ROUTING NUMBER</b> 111000012
<b>r. CERTIFYING OFFICER.</b> As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.			
<b>(1) NAME (Last, First, Middle Initial)</b> JANNEY, MICHELLE D.	<b>(2) TITLE</b> CSR I	<b>(3) SIGNATURE</b> [Signature]	<b>(4) DATE SIGNED (YYYYMMDD)</b> 20140318

4.a. ORIGINAL LOAN AMOUNT	b. CANCELLED AMOUNT	c. DISBURSED AMOUNT	d. DATE OF DISBURSEMENT (YYYYMMDD)
3500.00	0	1750.00	20080817
	0	1750.00	20090111

5. REMARKS

**DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION" INSTRUCTIONS**

**SECTION 1. PERSONNEL OFFICE VERIFICATION**  
(To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory.

**SECTION 2. SERVICEMEMBER DATA**  
(To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

**SECTION 3. LOAN DATA**  
(To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.  
 3.b. - c. Self-explanatory.  
 3.d. Loan of Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.  
 3.e. Loan Account Number to be used to ensure payments are applied to the correct amount.  
 3.f. - h. Identify the name, address, and telephone number of the Institution that currently services the loan. Please list any additional contact information in Section 5, Remarks.  
 3.i. Mark X in the appropriate box.  
 3.j. Self-explanatory.  
 3.k. Self-explanatory.  
 3.l. If multiple loans have been consolidated, mark (X) "Yes" or "No" indicating consolidating action.  
 3.m. Provide Federal tax identification number for tax withholding.

3.n. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).

NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred.

- 3.o. Self-explanatory.  
 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.  
 3.q. Lender may not use a routing number as the payment address.  
 3.r. Self-explanatory.

**SECTION 4. LOAN DATA** (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.  
 4.b. Amount cancelled after Origination Date of Loan.  
 4.c. Self-explanatory.  
 4.d. Date of each individual disbursement.

**SECTION 5. REMARKS.**

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.



U.S. Department of Education  
Information about your federal student loan

MARCH 18, 2014

P.O. Box 69184 Harrisburg, PA 17106-9184  
Toll-free 800-699-2908 • Int'l 717-720-1985  
Fax 717-720-1628 • TTY 800-722-8189  
M-Th 8am to 11pm, Fri. 8am to 9pm ET  
[www.MyFedLoan.org](http://www.MyFedLoan.org)

ATTN: LRP (CODE N3221)  
5722 INTEGRITY DRIVE, BLDG 784  
MILLINGTON TN 38054

RE:

### LOAN VERIFICATION

#### WHY WE ARE CONTACTING YOU

This letter is to provide you with information regarding the student loans that FedLoan Servicing has on file for BRITTANY S MCCLAIN. This information is being provided in response to the Department of Defense Student Loan Repayment Program (LRP) application that we have received.

#### LOANS SERVICED BY FEDLOAN SERVICING

LOAN PROGRAM	DISBURSEMENT DATE	DISBURSED AMOUNT	INTEREST RATE	OWNER
DLSTFD	08/17/2008	\$3,500.00	6.000%	U.S. DEPT
DLSTFD	08/16/2009	\$4,500.00	5.600%	U.S. DEPT
DLSTFD	08/15/2010	\$5,500.00	4.500%	U.S. DEPT
DLSTFD	08/14/2011	\$5,500.00	3.400%	U.S. DEPT
DLUNST	08/17/2008	\$2,000.00	6.800%	U.S. DEPT
DLUNST	09/25/2008	\$2,382.00	6.800%	U.S. DEPT
DLUNST	08/16/2009	\$2,000.00	6.800%	U.S. DEPT
DLUNST	08/15/2010	\$2,000.00	6.800%	U.S. DEPT
DLUNST	08/19/2010	\$654.00	6.800%	U.S. DEPT
DLUNST	09/30/2010	\$1,370.00	6.800%	U.S. DEPT
DLUNST	08/14/2011	\$3,354.00	6.800%	U.S. DEPT

PH20694:FS06ODODLV  
XXXXXXXXXX MR

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EXAMPLE

# Direct Loans

William D. Ford Federal Direct Loan Program

## Federal Direct Stafford/Ford Loan Federal Direct Unsubsidized Stafford/Ford Loan Master Promissory Note William D. Ford Federal Direct Loan Program

OMB No. 1845-0007  
Form Approved  
Exp. Date 05/31/2011

Warning: Any person who knowingly makes a false statement or misrepresentation on this form will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION A: BORROWER INFORMATION

1. Driver's License State and No.  
WA

3. E-mail Address (optional)

4. Name and Address

UNITED STATES

READ THE INSTRUCTIONS IN SECTION F BEFORE COMPLETING THIS SECTION

2. Social Security No.

5. Date of Birth

6. Area Code/Telephone No

7. References: List two persons with different U.S. addresses who have known you for at least three years. The first reference should be a parent or legal guardian.

Name

1.

Permanent Street Address

City, State, Zip Code

Area Code/Telephone No.

Relationship to Borrower

Camarillo, CA 93010 UNITED STATES

FATHER

2.

Seattle, WA 98125 UNITED STATES

FRIEND

### SECTION B: SCHOOL INFORMATION - TO BE COMPLETED BY THE SCHOOL

8. School Name and Address  
KALAMAZOO COLLEGE  
1200 ACADEMY STREET  
KALAMAZOO, MI 490063295

9. School Code/Branch  
G02275

10. ...

### SECTION C: BORROWER REQUEST, CERTIFICATIONS, AUTHORIZATIONS, AND UNDERSTANDINGS - READ CAREFULLY BEFORE SIGNING BELOW

11. This is a Master Promissory Note (MPN) for one or more Federal Direct Stafford/Ford (Direct Subsidized) Loans and/or Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans. I request a total amount of Direct Subsidized Loans and/or Direct Unsubsidized Loans under this MPN not to exceed the allowable maximums under the Act ("the Act" is defined in Section E under Governing Law). My school will notify me of the loan type and loan amount that I am eligible to receive. I may cancel a loan or request a lower amount by contacting my school. Additional information about my right to cancel a loan or request a lower amount is included in the Borrower's Rights and Responsibilities Statement and in the disclosure statements that will be provided to me.

12. Under penalty of perjury, I certify that:

A. The information I have provided on this MPN and as updated by me from time to time is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

B. I will use the proceeds of loans made under this MPN for authorized educational expenses that I incur and I will immediately repay any loan proceeds that cannot be attributed to educational expenses for attendance on at least a half-time basis at the school that certified my loan eligibility.

C. If I owe an overpayment on a Federal Perkins Loan, Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Academic Competitiveness Grant (ACG), National Science or Mathematics Access to Retain Talent (SMART) Grant, or Leveraging Educational Assistance Partnership Grant, I have made satisfactory arrangements to repay the amount owed.

D. If I am in default on any loan received under the Federal Perkins Loan Program (including National Direct Student Loans), the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Family Education Loan (FFEL) Program, I have made satisfactory repayment arrangements with the holder to repay the amount owed.

E. If I have been convicted of, or pled nolo contendere (no contest) or guilty to, a crime involving fraud in obtaining funds under title IV of the Higher Education Act of 1965 (HEA), as amended, I have completed the repayment of the funds to the U.S. Department of Education (ED) or to the loan holder in the case of a Title IV federal student loan.

13. For each Direct Subsidized Loan and Direct Unsubsidized Loan I receive under this MPN, I make the following authorizations:

A. I authorize my school to certify my eligibility for the loan.

B. I authorize my school to credit my loan proceeds to my student account at the school.

C. I authorize my school to pay to ED any refund that may be due up to the full amount of the loan.

D. I authorize ED to investigate my credit record and report information about my loan status to persons and organizations permitted by law to receive that information.

E. Unless I notify ED differently, I authorize ED to defer repayment of principal on my loan while I am enrolled at least half time at an eligible school.

F. I authorize my school and ED to release information about my loan to the references on the loan and to members of my immediate family, unless I submit written directions otherwise.

G. I authorize my schools, lenders and guarantors, ED, and their agents to release information about my loan to each other.

H. I authorize my schools, ED, and their respective agents and contractors to contact me regarding my loan request or my loan, including repayment of my loan, at the current or any future number that I provide for my cellular telephone or other wireless device using automated dialing equipment or artificial or prerecorded voice or text messages.

14. I will be given the opportunity to pay the interest that ED charges during grace, in-school, deferment, forbearance, and other periods as provided under the Act, including during in-school deferment periods. Unless I pay the interest, I understand that ED may add unpaid interest that is charged on each loan made under this MPN to the principal balance of that loan (this is called "capitalization") at the end of the grace, deferment, forbearance, or other period. Capitalization will increase the principal balance on my loan and the total amount of interest I must pay.

15. I understand that ED has the authority to verify information reported on this MPN with other federal agencies.


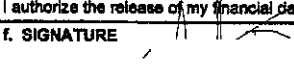
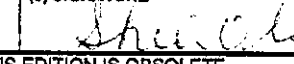
### SECTION D: PROMISE TO PAY

16. I promise to pay to ED all loan amounts disbursed under the terms of this MPN, plus interest and other charges and fees that may become due as provided in this MPN. I understand that more than one loan may be made to me under this MPN. I understand that by accepting any disbursement issued at any time under this MPN, I agree to repay the loan associated with that disbursement. I understand that, within certain timeframes, I may cancel or reduce the amount of a loan by refusing to accept or by returning all or a portion of any disbursement that is issued. Unless I make interest payments, interest that ED charges on my loans during grace, in-school, deferment, forbearance, and other periods will be added to the principal balance of the loan as provided under the Act. If I do not make a payment on a loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the entire MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this MPN and the Borrower's Rights and Responsibilities Statement. My signature certifies that I have read, understand, and agree to the terms and conditions of this MPN, including the Borrower Request, Certifications, Authorizations, and Understanding in Section C, the Notice About Subsequent Loans Made Under this MPN in Section E, and the terms and conditions described in Section E of this MPN and in the Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN.

17. Borrower's Signature

18. Today's Date (mm-dd-yyyy) 03/06/2012

<b>DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION</b>	<b>CONTROL NO.</b>  	<b>LOAN PROGRAM (X one)</b> <input checked="" type="checkbox"/> <b>ACTIVE DUTY LRP</b> <input type="checkbox"/> <b>HEALTH PROFESSIONALS LRP</b> <input type="checkbox"/> <b>SELECTED RESERVE LRP</b>	<b>OMB No. 0704-0152</b> <b>OMB approval expires</b> <b>Jan 31, 2017</b>
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.</b>			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve, and E.O. 9397, Social Security Number (SSN).			
<b>PRINCIPAL PURPOSE(S):</b> In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: <a href="http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html">http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html</a> .			
<b>ROUTINE USE(S):</b> To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> may apply to this collection.			
<b>DISCLOSURE:</b> Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed.			
<b>OFFICIAL MILITARY PERSONNEL FILES:</b> Air Force: <a href="http://dpclo.defense.gov/privacy/SORNs/component/airforce/F038_AF_PC_C.html">http://dpclo.defense.gov/privacy/SORNs/component/airforce/F038_AF_PC_C.html</a> Army: <a href="http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html">http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html</a> Army National Guard: <a href="http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html">http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html</a> Navy: <a href="http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html">http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html</a> Marine Corps: <a href="http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html">http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html</a>			
<b>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</b>			
<b>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</b> [Redacted Address]		<b>b. VERIFYING OFFICIAL.</b> I certify that this servicemember has performed satisfactorily.	
		<b>(1) NAME (Last, First, Middle Initial)</b> ROMANO, PATRICIA	
		<b>(2) SIGNATURE</b> 	<b>(3) DATE SIGNED (YYYYMMDD)</b> 20140415
<b>2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))</b>			
<b>a. NAME (Last, First, Middle Initial)</b> [Redacted Name]		<b>b. ADDRESS (Street, City, State, and ZIP Code)</b> [Redacted Address]	
<b>c. SOCIAL SECURITY NO.</b> [Redacted SSN]	<b>d. TELEPHONE NO. (Include Area Code)</b> [Redacted Phone]	I authorize the release of my financial data by lender/holder to complete entries in Section 3.	
<b>e. E-MAIL ADDRESS</b> [Redacted Email]		<b>f. SIGNATURE</b> 	<b>g. DATE SIGNED (YYYYMMDD)</b> 20140415
<b>3. LOAN DATA (To be completed by loan servicing agency)</b>			
<b>a. NAME ON THE LOAN (Last, First, Middle Initial)</b> [Redacted Name]		<b>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)</b> 20090212	
<b>c. ORIGINAL LOAN AMOUNT</b> 12968.00	<b>d. LOAN</b> <u>1</u> <b>OF</b> <u>3</u> <b>LOANS</b>	<b>e. LOAN ACCOUNT NUMBER</b> (GROUP A)	
<b>f. LOAN HOLDER NAME</b> See below		<b>g. LOAN HOLDER ADDRESS (Include ZIP Code)</b> See below	<b>h. TELEPHONE NUMBER (Include Area Code)</b> 888-486-4722
<b>i. LOAN IN DEFAULT (X one)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>j. UNPAID PRINCIPAL BALANCE</b> 6590.80	<b>k. OUTSTANDING BALANCE</b> 6664.42	<b>l. IS THIS A CONSOLIDATED LOAN?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>m. FEDERAL TAX IDENTIFICATION NO.</b> 52-1198287	<b>n. TYPE OF LOAN (See instructions)</b> PLVS	<b>o. LOAN INTEREST</b> (1) CAPITALIZED \$ 2178.74 (2) CURRENT YEAR \$ 73.62	
<b>p. NAN</b> Department of Education PO Box 740283 Atlanta, GA 30374-0283	<b>q. LENDER ROUTING NUMBER</b> [Redacted]		
<b>r. CER</b> As of			
<b>(1) NAM.</b> Rickon Sher		<b>(3) SIGNATURE</b> 	<b>(4) DATE SIGNED (YYYYMMDD)</b> 4-18-14

4.a. ORIGINAL LOAN AMOUNT 12,968—	b. CANCELLED AMOUNT —	c. DISBURSED AMOUNT 12,968—	d. DATE OF DISBURSEMENT (YYYYMMDD) 9-9-08

5. REMARKS

**DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION"  
INSTRUCTIONS**

**SECTION 1. PERSONNEL OFFICE VERIFICATION**

(To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory.

**SECTION 2. SERVICEMEMBER DATA**

(To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

**SECTION 3. LOAN DATA**

(To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.  
 3.b. - c. Self-explanatory.  
 3.d. Loan \_\_\_ of \_\_\_ Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.  
 3.e. Loan Account Number to be used to ensure payments are applied to the correct amount.  
 3.f. - h. Identify the name, address, and telephone number of the institution that currently services the loan. Please list any additional contact information in Section 5, Remarks.  
 3.i. Mark X in the appropriate box.  
 3.j. Self-explanatory.  
 3.k. Self-explanatory.  
 3.l. If multiple loans have been consolidated, mark (X) "Yes" or "No" indicating consolidating action.  
 3.m. Provide Federal tax identification number for tax withholding.

3.n. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).

NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred.

- 3.o. Self-explanatory.  
 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.  
 3.q. Lender may not use a routing number as the payment address.  
 3.r. Self-explanatory.

**SECTION 4. LOAN DATA** (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.  
 4.b. Amount cancelled after Origination Date of Loan.  
 4.c. Self-explanatory.  
 4.d. Date of each individual disbursement.

**SECTION 5. REMARKS.**

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.

IF THE PLUS LOAN IS IN THE PARENTS NAME, THE DEPPER'S INFO MUST APPEAR IN "STUDENT SECTION"

# Application and Promissory Note for Federal PLUS Loan

OMB No. 1845-0003 Form Approved Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097

Guarantor or Program Identification

## Borrower Section (To be completed by the parent.)

Please print neatly or type. Read the instructions carefully.

1. Last Name		First Name	MI	2. Social Security Number	
3. Permanent Street Address (If P.O. Box, see instructions)			4. Telephone Number		5. Loan Period (Month/Year)
City			State		From: To
Zip Code			6. Driver's License Number (If no state first)		7. Date of Birth (Month/Day/Year)
8. Lender Name			City	State	Zip Code
9. Lender Code, if known			10. Requested Loan Amount		
11. U.S. Citizenship Status (Check one and list ID number if applicable.)					
a. Citizen/National <input type="checkbox"/> b. Eligible Non-Citizen Alien ID #					
12. a. State of Legal Residence		b. Birth (Month/Year)		13. Employer (Name, City, State)	
				Telephone Number	
14. Are you currently in default on a federal education loan, or do you owe a refund on a federal student grant? If yes, carefully read instructions and attach required documentation.					
a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>					
15. If the school your dependent is attending participates in electronic funds transfer (EFT), do you authorize the school to transfer the loan proceeds received by EFT to your dependent's student account?					
a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>					
16. Do you have an outstanding Federal Stafford, Supplemental Loan for Students, Parent PLUS, or Consolidation Loan which was disbursed before July 1, 1993?					
If you checked "yes", do you want to postpone (defer) payment of the principal of this loan based on the student's in-school status?					
a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>					
If you checked "yes" to Box (a) and (c), do you want the interest that accrues on this loan deferred and capitalized? If no, you will be required to pay the interest.					
a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>					
17. References: You must provide two separate references with different DMS addresses. Both references must be completed fully.					
Name		2			
Permanent Address					
City, State, Zip Code					
Area Code/Telephone					

## Promissory Note

Continued on the reverse side.

**Promisor to Pay:** I promise to pay to the lender, or a subsequent holder of this Promissory Note, all sums disbursed (hereafter "loan" or "loans") under the terms of this Note, plus interest and other fees which may become due as provided in this Note. If I fail to make payments on this Note when due, I will also pay reasonable collection costs, including attorney's fees, court costs and collection fees. I understand I may cancel or reduce the size of any loan by refusing to accept any disbursement that is issued. I understand that this is a Promissory Note. I will not sign this Note before reading it, including the writing on the reverse side, even if otherwise advised. I am entitled to an exact copy of this Promissory Note and the Borrower's Rights and Responsibilities. My signature certifies I have read, understand, and agree to the terms and conditions of this Application and Promissory Note, including the Borrower Certification and Authorization, and the accompanying Borrower's Rights and Responsibilities statement.

**THIS IS A LOAN THAT MUST BE REPAYED.**

18. Borrower's Signature \_\_\_\_\_ Today's Date (Month/Day/Year) \_\_\_\_\_

## Student Section (To be completed by the student.)

Please print neatly or type. Read the instructions carefully.

19. Last Name		First Name	MI	20. Social Security Number		21. Date of Birth (Month/Day/Year)	
DEPPER'S INFO HERE							
22. U.S. Citizenship Status (Check one and list ID number if applicable.)							
a. Citizen/National <input type="checkbox"/> b. Eligible Non-Citizen Alien ID #							
23. Are you currently in default on a federal education loan, or do you owe a refund on a federal student grant? If yes, carefully read instructions and attach required documentation.							
a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>							
24. My signature certifies that I have read, understand and agree to the conditions in the Student Certification and Authorization printed on the reverse of this Application and Promissory Note.							
Student's Signature _____				Today's Date (Month/Day/Year) _____			




## School Section (To be completed by an authorized school official.)

25. School Name		31. School Code/Branch		38. Telephone Number	
26. Street Address		32. Cost of Attendance		37. Recommended Disbursement Date(s)	
City		\$ 00		(Month/Day/Year)	
State		23. Estimated Financial Aid		1st 2nd	
Zip Code		\$ 00		3rd 4th	
27. Loan Period (Month/Day/Year)		28. Grade Level		34. Certified Loan Amount	
From To				\$ 00	
29. Enrollment Status (Check one)		35. Signature of Authorized School Official/Date (See School Certification)			
a. At Least Half Time <input type="checkbox"/>		Print or Type Name and Title			
30. Anticipated Completion (Graduation) Date (Month/Day/Year)		Check box if electronically transmitted to guarantor <input type="checkbox"/>			

## Lender Section (To be completed by an authorized lending official.)

36. Lender Name		39. Lender Code/Branch		40. Telephone Number		41. Amount Approved	
Street Address		42. Signature of Authorized Lending Official		43. Lender Use Only			
City		Print or Type Name and Title		Date			
State							
Zip Code							

1ST LENDER - ORIGINAL

<b>DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION</b>	<b>CONTROL NO.</b>  	<b>LOAN PROGRAM (X one)</b> <input checked="" type="checkbox"/> <b>ACTIVE DUTY LRP</b> <input type="checkbox"/> <b>HEALTH PROFESSIONALS LRP</b> <input type="checkbox"/> <b>SELECTED RESERVE LRP</b>	<b>OMB No. 0704-0152</b> <b>OMB approval expires</b> <b>Jan 31, 2017</b>
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.</b>			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve, and E.O. 8397, Social Security Number (SSN).			
<b>PRINCIPAL PURPOSE(S):</b> In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: <a href="http://dpcio.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html">http://dpcio.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html</a> .			
<b>ROUTINE USE(S):</b> To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> may apply to this collection.			
<b>DISCLOSURE:</b> Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed.			
<b>OFFICIAL MILITARY PERSONNEL FILES:</b> Air Force: <a href="http://dpcio.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html">http://dpcio.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html</a> Army: <a href="http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html">http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html</a> Army National Guard: <a href="http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html">http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html</a> Navy: <a href="http://dpcio.defense.gov/privacy/SORNs/component/navy/N01070-3.html">http://dpcio.defense.gov/privacy/SORNs/component/navy/N01070-3.html</a> Marine Corps: <a href="http://dpcio.defense.gov/privacy/SORNs/component/usmc/M01070-6.html">http://dpcio.defense.gov/privacy/SORNs/component/usmc/M01070-6.html</a>			
<b>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</b>			
<b>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</b> NAME: <del>XXXXXXXXXXXXXXXXXXXX</del> NAME: <del>XXXXXXXXXXXXXXXXXXXX</del> ADDRESS: <del>XXXXXXXXXXXXXXXXXXXX</del> ADDRESS: <del>XXXXXXXXXXXXXXXXXXXX</del> ADDRESS: <del>XXXXXXXXXXXXXXXXXXXX</del> ADDRESS: <del>XXXXXXXXXXXXXXXXXXXX</del>		<b>b. VERIFYING OFFICIAL.</b> I certify that this servicemember has performed satisfactorily. (1) NAME (Last, First, Middle Initial) ROMANO, PATRICIA (2) SIGNATURE  (3) DATE SIGNED (YYYYMMDD)	
<b>2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))</b>			
<b>a. NAME (Last, First, Middle Initial)</b> _____		<b>b. ADDRESS (Street, City, State, and ZIP Code)</b> _____	
<b>c. SOCIAL SECURITY NO.</b> _____	<b>d. TELEPHONE NO. (Include Area Code)</b> _____	I authorize the release of my financial data by lender/holder to complete entries in Section 3.	
<b>e. E-MAIL ADDRESS</b> _____		<b>f. SIGNATURE</b> 	<b>g. DATE SIGNED (YYYYMMDD)</b> 20140201
<b>3. LOAN DATA (To be completed by loan servicing agency)</b>			
<b>a. NAME ON THE LOAN (Last, First, Middle Initial)</b> _____		<b>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)</b> 10-22-03	
<b>c. ORIGINAL LOAN AMOUNT</b> 14,500-	<b>d. LOAN</b> _____ <b>OF</b> _____ <b>LOANS</b>	<b>e. I HAVE A SECONDARY LOAN</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>f. LOAN HOLDER NAME</b> See below		<b>g. LOAN HOLDER ADDRESS (Include ZIP Code)</b> See below	<b>h. TELEPHONE NUMBER (Include Area Code)</b> 888-480-4722
<b>i. LOAN IN DEFAULT (X one)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>j. UNPAID PRINCIPAL BALANCE</b> 9967.82	<b>k. OUTSTANDING BALANCE</b> 9970.47	<b>l. IS THIS A CONSOLIDATED LOAN?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>m. FEDERAL TAX IDENTIFICATION NO.</b> 84-0748903	<b>n. TYPE OF LOAN (See instructions)</b> STAFF	<b>o. LOAN INTEREST</b> (1) CAPITALIZED \$ 1384.62 (2) CURRENT YEAR \$ 2.60	<b>p. LENDER ROUTING NUMBER</b> _____
<b>q. LENDER</b> Nelnet P.O. Box 82501 Lincoln, NE 68501-2501		<b>r. IS CORRECT AND CURRENT. Copy of the promissory note is enclosed.</b>	
<b>(1) NAME</b> Olson Sheri		<b>(3) SIGNATURE</b> 	<b>(4) DATE SIGNED (YYYYMMDD)</b> 4-1-14

4.a. ORIGINAL LOAN AMOUNT	b. CANCELLED AMOUNT	c. DISBURSED AMOUNT	d. DATE OF DISBURSEMENT (YYYYMMDD)
3500	-	3500	10-22-03
3966	-	3966	10-1-04
1534	-	1534	10-1-04
5500	-	5500	9-2-05

#### 5. REMARKS

### DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION" INSTRUCTIONS

#### SECTION 1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory.

#### SECTION 2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

#### SECTION 3. LOAN DATA (To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.  
 3.b. - c. Self-explanatory.  
 3.d. Loan \_\_\_ of \_\_\_ Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.  
 3.e. Loan Account Number to be used to ensure payments are applied to the correct amount.  
 3.f. - h. Identify the name, address, and telephone number of the institution that currently services the loan. Please list any additional contact information in Section 5, Remarks.  
 3.i. Mark X in the appropriate box.  
 3.j. Self-explanatory.  
 3.k. Self-explanatory.  
 3.l. If multiple loans have been consolidated, mark (X) "Yes" or "No" indicating consolidating action.  
 3.m. Provide Federal tax identification number for tax withholding.

3.n. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the

Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).

NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred.

- 3.o. Self-explanatory.  
 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.  
 3.q. Lender may not use a routing number as the payment address.  
 3.r. Self-explanatory.

#### SECTION 4. LOAN DATA (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.  
 4.b. Amount cancelled after Origination Date of Loan.  
 4.c. Self-explanatory.  
 4.d. Date of each individual disbursement.

#### SECTION 5. REMARKS.

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.

TRUE AND EXACT COPY OF THE ORIGINAL

# Federal Family Education Loan Program (FFELP)

## Federal Stafford Loan Master Promissory Note

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1097.

Guarantor, Program, or Lender Identification

FINANCE AUTHORITY OF MAINE  
ME

MAINE ADV C/O ANDROSCOGG 605734  
PO BOX 59012

PANAMA CITY FL 32412

GUARANTEE AND PRINT

E 002040-00

OMB No. 1845-0006  
Form approved  
Exp. date 9-30-2005

### Borrower Information

Please print neatly or type. Read the instructions carefully.

1. Last Name		First Name		MI		2. Social Security Number	
				M			
3. Permanent Street Address (If P.O. Box, see instructions.)				4. Home Area Code/Telephone Number		5. Date of Birth (Month/Day/Year)	
City		State		Zip Code		6. Driver's License State and Number	
						ME, 6138276X	
7. Lender Name		City		State		Zip Code	
MAINE ADV C/O							
8. Lender Code, if known							

10. References: You must provide two separate references with different U.S. addresses. The first reference should be a parent (if living) or legal guardian. Both references must be completed in full.

Name	A.	B.
Permanent Address		
City, State, Zip Code		
E-mail Address		
Area Code/Telephone Number		
Relationship to Borrower	Father	

11. Requested Loan Amount: I request a total amount of subsidized and unsubsidized loans under this Master Promissory Note not to exceed the allowable maximums under the Higher Education Act. My school will notify me of the type(s) and amount(s) of loan(s) that I am eligible to receive. I may cancel my loan or request a lower amount by contacting my lender or school. Additional information about my right to cancel a loan or request a lower amount is included in the Borrower's Rights and Responsibilities Statement and Disclosure Statements that have been or will be provided to me.

12. Interest Payments (Optional):

☐ I want to pay unsubsidized interest while I am in school.

### Borrower Certifications and Authorizations

Read carefully before signing below.

13. Under penalty of perjury I certify that:

- A. The information I have provided on this Master Promissory Note and as updated by me from time to time is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- B. I will immediately repay any loan proceeds that cannot be attributed to educational expenses for attendance on at least a half-time basis at the school that certified my loan eligibility.
- C. (i) I do not now owe an overpayment on a Federal Pell Grant, Supplemental Educational Opportunity Grant, or a Leveraging Educational Assistance Partnership Grant (formerly State Student Incentive Grant); or, if I owe an overpayment, I have made repayment arrangements with the holder to repay the amount owed. (ii) I am not now in default on any loan received under the Federal Perkins Loan Program (including NDSL loans), the Federal Direct Loan Program, or the Federal Family Education Loan Program ("FFELP" as defined in the Borrower's Rights and Responsibilities Statement); or (iii) I am in default on a loan, and I have made satisfactory arrangements with the holder of the defaulted loan.

14. For all subsidized and unsubsidized Federal Stafford Loans (as described in the additional MPN provisions and the Borrower's Rights and Responsibilities Statement) I receive under this Master Promissory Note, and for certain other loans as described below, I make the following authorizations:

- A. I authorize my school to certify my eligibility for loans under this Master Promissory Note.
- B. I authorize my school to transfer loan proceeds received by electronic funds transfer (EFT) or master check to my student account.

- C. I authorize my school to pay to the lender any refund that may be due up to the full amount of the loan(s).
- D. I authorize the lender, the guarantor, or their agents, to investigate my credit record and report information concerning my loan status to persons and organizations permitted by law to receive such information.
- E. I request and authorize my lender to: (i) during the in-school and grace periods of any loans made under this Master Promissory Note, defer and align the repayment of principal on all of my FFELP loans that are in repayment status; and (ii) add unpaid interest that accrues on all my FFELP loans to the principal balance of such loans ("capitalization") including such loans made under this Master Promissory Note, during forbearance periods, and for unsubsidized loans, during in-school, grace, and deferment periods as provided under the Act. "Capitalization" will increase the principal balance on my loans and the total amount of interest charges I must pay.
- F. I authorize the release of information pertinent to my loans: (i) by the school, the lender, and the guarantor, or their agents, to the references on the applicable loans and to members of my immediate family unless I submit written directions otherwise; and, (ii) by and among my schools, lenders, guarantors, the Department of Education, and their agents.
- G. So that the loans requested can be approved, I authorize the Department of Education to send any information about me that is under its control, including information from the Free Application for Federal Student Aid, to the school, the lender, and to state agencies and nonprofit organizations that administer financial aid programs under the FFELP.

### Promise to Pay In this Master Promissory Note (MPN), "lender" refers to, and this MPN benefits, the original lender and its successors and assigns, including any subsequent holder of this MPN.

15. I promise to pay to the order of the lender all loan amounts disbursed under the terms of this MPN, plus interest and other charges and fees that may become due as provided in this MPN. I understand that multiple loans may be made to me under this MPN. I understand that by accepting any disbursements issued at any time under this MPN, I agree to repay the loans. I understand that, within certain time frames, I may cancel or reduce the amount of any loan by refusing to accept or by returning all or a portion of any disbursement that is issued. Unless I make interest payments, interest that accrues on my unsubsidized loans during in-school, grace, and deferment periods will be added as provided under the Act to the principal balance of such loans. If I do not make any payment on any loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the entire MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this MPN and the Borrower's Rights and Responsibilities Statement. My signature certifies I have read, understand, and agree to the terms and conditions of this MPN, including the Borrower Certifications and Authorizations printed above, the Notice About Subsequent Loans Made Under This MPN, and the Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN.

16. Borrower's Signature \_\_\_\_\_ 17. Today's Date (Month/Day/Year) 10/09/03


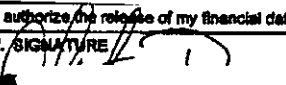
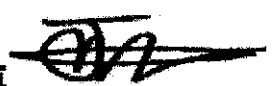
LENDER COPY

21-1810 (REV. 9-02) 02

E

A20

Additional MPN provisions follow

<b>DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION</b>	<b>CONTROL NO.</b>  	<b>LOAN PROGRAM (X one)</b> <input checked="" type="checkbox"/> <b>ACTIVE DUTY LRP</b> <input type="checkbox"/> <b>HEALTH PROFESSIONALS LRP</b> <input type="checkbox"/> <b>SELECTED RESERVE LRP</b>	<b>OMB No. 0704-0152</b> <b>OMB approval expires</b> <b>Jan 31, 2017</b>
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.</b>			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve, and E.O. 9397, Social Security Number (SSN).			
<b>PRINCIPAL PURPOSE(S):</b> In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: <a href="http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html">http://dpclo.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html</a> .			
<b>ROUTINE USE(S):</b> To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> may apply to this collection.			
<b>DISCLOSURE:</b> Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed.			
<b>OFFICIAL MILITARY PERSONNEL FILES:</b> Air Force: <a href="http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036_AE_PC_C.html">http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036_AE_PC_C.html</a> Army: <a href="http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html">http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html</a> Army National Guard: <a href="http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html">http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html</a> Navy: <a href="http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html">http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html</a> Marine Corps: <a href="http://dpclo.defense.gov/privacy/SORNs/component/mc/M01070-8.html">http://dpclo.defense.gov/privacy/SORNs/component/mc/M01070-8.html</a>			
<b>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</b>			
<b>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</b> NAVY LOAN REPAYMENT PROGRAM MANAGER NAVY RECRUITING COMMAND 5722 INTEGRITY DRIVE BLDG 784 MILLINGTON, TN 38054 EMAIL: CNRC_LRP-EB@NAVY.MIL		<b>b. VERIFYING OFFICIAL</b> I certify that this servicemember has performed satisfactorily. (1) NAME (Last, First, Middle Initial) ROMANO, PATRICIA (2) SIGNATURE  (3) DATE SIGNED (YYYYMMDD) 20140408	
<b>2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))</b>			
<b>a. NAME (Last, First, Middle Initial)</b> [Redacted]		<b>b. ADDRESS (Street, City, State, and ZIP Code)</b> [Redacted]	
<b>c. SOCIAL SECURITY NO.</b> [Redacted]		<b>d. TELEPHONE NO. (Include Area Code)</b> [Redacted]	
<b>e. E-MAIL ADDRESS</b> [Redacted]		<b>f. SIGNATURE</b>  <b>g. DATE SIGNED (YYYYMMDD)</b> 20140409	
<b>3. LOAN DATA (To be completed by loan servicing agency)</b>			
<b>a. NAME ON THE LOAN (Last, First, Middle Initial)</b> [Redacted]		<b>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)</b> [Redacted]	
<b>c. ORIGINAL LOAN AMOUNT</b> [Redacted]		<b>d. LOAN OF LOANS</b> [Redacted]	
<b>e. LOAN ACCOUNT NUMBER</b> [Redacted]		<b>f. LOAN HOLDER NAME</b> [Redacted]	
<b>g. LOAN HOLDER ADDRESS (Include ZIP Code)</b> [Redacted]		<b>h. TELEPHONE NUMBER (Include Area Code)</b> [Redacted]	
<b>i. LOAN IN DEFAULT (X one)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>j. UNPAID PRINCIPAL BALANCE</b> [Redacted]	
<b>k. OUTSTANDING BALANCE</b> [Redacted]		<b>l. IS THIS A CONSOLIDATED LOAN?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>m. FEDERAL TAX IDENTIFICATION NO.</b> [Redacted]		<b>n. TYPE OF LOAN (See Instructions)</b> [Redacted]	
<b>o. LOAN INTEREST</b> (1) CAPITALIZED \$ [Redacted] (2) CURRENT YEAR \$ [Redacted]		<b>p. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)</b> [Redacted]	
<b>q. LENDER ROUTING NUMBER</b> [Redacted]		<b>r. CERTIFYING OFFICER.</b> As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.	
(1) NAME (Last, First, Middle Initial) Tony Thomas		(2) TITLE CSR	
(3) SIGNATURE 		(4) DATE SIGNED (YYYYMMDD) 04/22/2014	





### **Section 4 : Lender Verification (completed by Loan Holder)**

**Sallie Mae**  
**PO Box 9533**  
**Wilkes-Barre, PA 18773-9533**  
**888-272-5543**  
**Tax ID # 54-1843973**

CIN:  
SSN:  
Customer Name

**Lender Routing: 121000248**  
**Lender Account: 4122180946**

Date Completed: 4/22/2014

[illegible]

IT MASTER NOTE CAN COVER ALL STAFFORD LOANS WITH  
LENDER UNDER SAME ACCOUNT NUMBER

# Direct Loans

William D. Ford Federal Direct Loan Program

## Master Promissory Note William D. Ford Federal Direct Loan Program

EXAMPLE

OMB No. 1845-0007  
Form Approved  
Exp. Date 03/31/2008

Warning: Any person who knowingly makes a false statement or misrepresentation on this form will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Federal Direct Stafford/Ford Loan  
Federal Direct Unsubsidized Stafford/Ford Loan

### SECTION A: BORROWER INFORMATION

### READ THE INSTRUCTIONS BEFORE COMPLETING THIS SECTION

1. Driver's License State and No.

WA

2. Social Security No.

3. E-mail Address (optional)

4. Name and Address

5. Date of Birth

6. Area Code/Telephone No.

7. References: You must list two persons with different U.S. addresses who have known you for at least three years. The first reference should be a parent or legal guardian.

Name

1.

2.

Permanent Street Address

City, State, Zip Code

Area Code/Telephone No.

Relationship to Borrower

GODFATHER

### SECTION B: SCHOOL INFORMATION

8. School Name and Address

9. School Code/Branch

10. Identification No.

CENTRAL WASHINGTON UNIVERSITY  
400 EAST UNIVERSITY WAY

G03771

ELLENSBURG, WA 98926-7495

### SECTION C: BORROWER REQUEST, CERTIFICATIONS, AUTHORIZATIONS, AND UNDERSTANDING

### READ CAREFULLY BEFORE SIGNING BELOW

11. This is a Master Promissory Note (MPN) for one or more Federal Direct Stafford/Ford (Direct Subsidized) Loans and/or Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans. I request a total amount of Direct Subsidized Loans and/or Direct Unsubsidized Loans under this MPN not to exceed the allowable maximums under the Act ("the Act" is defined in Section E under Governing Law). My school will notify me of the loan type and loan amount that I am eligible to receive. I may cancel a loan or request a lower amount by contacting my school. Additional information about my right to cancel a loan or request a lower amount is included in the accompanying document called "Borrower's Rights and Responsibilities Statement" and in the disclosure statements that will be provided to me.

12. Under penalty of perjury, I certify that:

- The information I have provided on this MPN and as updated by me from time to time is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- I will use the proceeds of loans made under this MPN for authorized educational expenses that I incur and I will immediately repay any loan proceeds that cannot be attributed to educational expenses for attendance on at least a half-time basis at the school that certified my loan eligibility.
- I do not owe an overpayment on a Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, or a Leveraging Educational Assistance Partnership Grant (formerly State Student Incentive Grant) or, if I owe an overpayment, I have made satisfactory repayment arrangements.
- I am not now in default on any loan received under the Federal Perkins Loan Program (including National Direct Student Loans), the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Family Education Loan (FFEL) Program or, if I am in default on a loan, I have made satisfactory repayment arrangements.

13. For each Direct Subsidized Loan and Direct Unsubsidized Loan I receive under this MPN, I make the following authorizations:

- I authorize my school to certify my eligibility for the loan.
- I authorize my school to credit my loan proceeds to my student account at the school.
- I authorize my school to pay to the U.S. Department of Education (ED) any refund that may be due up to the full amount of the loan.
- I authorize ED to investigate my credit record and report information about my loan status to persons and organizations permitted by law to receive that information.
- Unless I notify ED differently, I authorize ED to defer repayment of principal on my loan while I am enrolled at least half-time at an eligible school.
- I authorize my school and ED to release information about my loan to the references on the loan and to members of my immediate family, unless I submit written directions otherwise.
- I authorize my schools, lenders, guarantors, ED, and their agents to release information about my loan to each other.

14. I will be given the opportunity to pay the interest that ED charges during grace, in-school, deferment, forbearance, and other periods as provided under the Act. Unless I pay the interest, I understand that ED may add unpaid interest that is charged on each loan made under this MPN to the principal balance of that loan (this is called "capitalization") at the end of the grace, deferment, forbearance, or other period. Capitalization will increase the principal balance on my loan and the total amount of interest I must pay.

### SECTION D: PROMISE TO PAY

15. I promise to pay to ED all loan amounts disbursed under the terms of this MPN, plus interest and other charges and fees that may become due as provided in this MPN. I understand that more than one loan may be made to me under this MPN. I understand that by accepting any disbursement issued at any time under this MPN, I agree to repay the loan associated with that disbursement. I understand that, within certain timeframes, I may cancel or reduce the amount of a loan by refusing to accept or by returning all or a portion of any disbursement that is issued. Unless I make interest payments, interest that ED charges on my loans during grace, in-school, deferment, forbearance, and other periods will be added to the principal balance of the loan as provided under the Act. If I do not make a payment on a loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the entire MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this MPN and the Borrower's Rights and Responsibilities Statement. My signature certifies that I have read, understand, and agree to the terms and conditions of this MPN, including the Borrower Request, Certifications, Authorizations, and Understanding in Section C, the Notice About Subsequent Loans Made Under this MPN in Section E, and the terms and conditions described in Section E of this MPN and in the accompanying Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN.

16. Borrower's Signature

(Electronic Signature)

17. Today's Date (Month/Day/Year) 09/21/2007

**DOD EDUCATIONAL  
LOAN REPAYMENT PROGRAM (LRP)  
ANNUAL APPLICATION**

CONTROL NO.

LOAN PROGRAM (X one)

- ☒ ACTIVE DUTY LRP  
☐ HEALTH PROFESSIONALS LRP  
☐ SELECTED RESERVE LRP

OMB No. 0704-0152  
OMB approval expires  
Jan 31, 2017

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve; and E.O. 9397, Social Security Number (SSN).

**PRINCIPAL PURPOSE(S):** In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: [http://dpclo.defense.gov/privacy/SORNs/component/00D\\_Component\\_Notices.html](http://dpclo.defense.gov/privacy/SORNs/component/00D_Component_Notices.html).

**ROUTINE USE(S):** To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at [http://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml) may apply to this collection.

**DISCLOSURE:** Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed.

**OFFICIAL MILITARY PERSONNEL FILES:**

Air Force: [http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036\\_AF\\_PC\\_C.html](http://dpclo.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html)

Army: [http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B\\_AHRC.html](http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104B_AHRC.html)

Army National Guard: [http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b\\_NGB.html](http://dpclo.defense.gov/privacy/SORNs/component/army/A0600-8-104b_NGB.html)

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/N01070-3.html>

Marine Corps: <http://dpclo.defense.gov/privacy/SORNs/component/umc/M01070-6.html>

**1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)**

**a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)**

NAVY LOAN REPAYMENT PROGRAM MANAGER  
NAVY RECRUITING COMMAND  
5722 INTEGRITY DRIVE BLDG 784  
MILLINGTON, TN 38054  
EMAIL: CNRC\_LRP-EB@NAVY.MIL

**b. VERIFYING OFFICIAL.**

I certify that this servicemember has performed satisfactorily.

(1) NAME (Last, First, Middle Initial)

ROMANO, PATRICIA

(2) SIGNATURE

(3) DATE SIGNED  
(YYYYMMDD)

**2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))**

**a. NAME (Last, First, Middle Initial)**

**b. ADDRESS (Street, City, State, and ZIP Code)**

**c. SOCIAL SECURITY NO.**

**d. TELEPHONE NO. (Include Area Code)**

**e. E-MAIL ADDRESS**

I authorize the release of my financial data by lender/holder to complete entries in Section 3.

**f. SIGNATURE**

**g. DATE SIGNED**  
(YYYYMMDD)  
24/144334

**3. LOAN DATA (To be completed by loan servicing agency)**

**a. NAME ON THE LOAN (Last, First, Middle Initial)**

**b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)**

**c. ORIGINAL LOAN AMOUNT**

**d. LOAN** \_\_\_\_\_ **OF** \_\_\_\_\_ **LOANS**

**e. LOAN ACCOUNT NUMBER**

**f. LOAN HOLDER NAME**

**g. LOAN HOLDER ADDRESS (Include ZIP Code)**

**h. TELEPHONE NUMBER**  
(Include Area Code)

**i. LOAN IN DEFAULT (X one)**

☐ YES ☐ NO

**j. U**

**m. FEDERAL TAX IDENTIFICATION NO.**

**n. T**

Please see Official Attachment  
for completed Sections 3 & 4.

**l. IS THIS A CONSOLIDATED LOAN?**

☐ YES ☐ NO

**(2) CURRENT YEAR**

\$

**p. NAME AND ADDRESS OF INSTITUTION WHEN**

**q. LENDER ROUTING NUMBER**

**r. CERTIFYING OFFICER.**

As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.

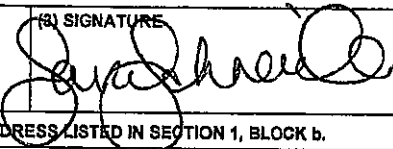
**(1) NAME (Last, First, Middle Initial)**

**(2) TITLE**

**(3) SIGNATURE**

**(4) DATE SIGNED**  
(YYYYMMDD)

## Great Lakes Attachment for DOD Educational Repayment Program

<b>3. LOAN DATA</b> <i>(To be completed by servicemember)</i>			
<b>a. NAME ON THE LOAN</b> <i>(Last, First, Middle Initial)</i>		<b>b. ORIGINAL DATE OF PROMISSORY NOTE</b> <i>(YYYYMMDD)</i> 20111120	<b>c. ORIGINAL LOAN AMOUNT</b> \$39,544.42
<b>d. LOAN</b> <u>1</u> <b>OF</b> <u>1</u> <b>LOANS</b>	<b>e. LOAN ACCOUNT NUMBER</b>		<b>f. LOAN HOLDER NAME</b> Great Lakes
<b>g. LOAN HOLDER ADDRESS</b> <i>(Include ZIP Code)</i> Great Lakes PO Box 7941 Madison, WI 53707-7941			<b>h. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> (800) 236-4300
<b>4. LENDER VERIFICATION</b> <i>(To be completed by loan holder)</i>			
<b>a. LOAN IN DEFAULT</b> <i>(X one)</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>b. UNPAID PRINCIPAL BALANCE</b> \$32,314.17	<b>c. OUTSTANDING BALANCE</b> \$33,249.17	<b>d. ORIGINAL LOAN AMOUNT</b> \$39,544.42
<b>e. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT</b> <i>(Include ZIP Code)</i> Great Lakes PO Box 530229 Atlanta, GA, 30353-0229 (800) 236-4300 Option: 7 Ext: 2475		<b>f. FEDERAL TAX IDENTIFICATION NO.</b> 39-1864035	<b>g. TYPE OF LOAN</b> <i>(See instructions)</i> Consolidation
		<b>h. IS THIS A CON-SOLIDATED LOAN?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>i. LOAN INTEREST</b> \$935.00
<b>k. CERTIFYING OFFICER.</b> As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.			
<b>(1) NAME</b> <i>(Last, First, Middle Initial)</i> Schneider, Sara A	<b>(2) TITLE</b> Research Specialist	<b>(3) SIGNATURE</b> 	<b>(4) DATE SIGNED</b> <i>(YYYYMMDD)</i> 20140404
<b>FORWARD THIS FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK b.</b>			
<b>6. REMARKS</b> <i>(Continue on back if necessary)</i>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Capitalized Interest Payments:</p> </div> <div> <p>Disbursements:</p> <p>Loan: 1</p> <p>Date: 11/22/11 Amount: \$23,134.90 Refund: \$20,949.59</p> <p>Date: 01/09/12 Amount: \$20,882.61 Refund: \$0.00</p> <p>Total: \$23,082.20</p> <p>Loan: 2</p> <p>Date: 11/22/11 Amount: \$16,857.65 Refund: \$401.04</p> <p>Total: \$16,462.22</p> </div> </div>			

# EXAMPLE OF CONSOLIDATION PROMISSORY NOTE NOTE USED BY SOME LENDERS

## EXAMPLE OF CONSOLIDATION PROMISSORY NOTE

<b>Federal Family Education Loan Program (FFELP)</b> <b>Federal Consolidation Loan</b> <b>Application and Promissory Note</b>		Guarantor, Program, or Lender Identification: <b>WEB</b>	
<small>WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 28 U.S.C. 1097.</small>			
<b>Before You Begin</b> Read the instructions for completing the Federal Consolidation Loan Application and Promissory Note. Print using dark ink or type. This form must be signed and dated by the applicant(s).			
<b>Section A: Borrower Information</b>			
1. First Name		2. Social Security Number	
3A. Permanent Street Address (Include Apt. No., P.O. Box, Apartment Number, Apt. Code, Zip Code)			
3B. Permanent Mailing Address, if different (Include P.O. Box, RFD, or General Delivery, City, State, Zip Code)			
4. Home Area Code/Telephone Number		5. Former Name(s)	
6. Date of Birth (Month/Day/Year)		7. Driver's License State and Number	
8. Fax Number and E-mail Address (Optional)			
9. Employer Name			
Address			
City State Zip Code Employer Area Code/Telephone Number			
10. Consolidating Lender Name		11. Lender Code, if any	
<b>Section B: Spouse Information</b> <small>Only complete this section if your spouse has eligible loans and you both wish to consolidate jointly. If you complete Section B, also include your spouse's loan(s) in Sections D 1 and D 2. Your spouse must also sign and date form 39 in Section G.</small>			
12. Last Name		13. Social Security Number	
14. Date of Birth (Month/Day/Year)		15. Former Name(s)	
16. Driver's License State and Number		17. Fax Number and E-mail Address (Optional)	
18. Employer Name			
Address			
City State Zip Code Employer Area Code/Telephone Number			
<b>Section C: Reference Information</b> <small>You must provide two separate references with different U.S. addresses. Do not include individuals who live with you (e.g., spouse) or live outside the United States. Both references must be completed fully and should be relatives or acquaintances you (or you and your spouse, if consolidating jointly) have known for at least three years.</small>			
19. Name			
Permanent Address			
City, State, Zip Code			
E-mail Address (Optional)			
Area Code/Telephone Number			
Relationship to Borrower			

TRUE  
AND  
EXACT

1

TRUE  
AND  
EXACT

# EXAMPLE

Borrower's Name _____ Social Security Number _____	Social Security Number _____
Spouse's Name _____ Social Security Number _____	Social Security Number _____

(Please print. Enter spouse's information only if you completed Section 6.)

### Section F. Borrower Certification and Authorization

(In the case of a Federal Consolidation Loan made to a married couple, all references to "I," "me," "my," "you," and "your" in the Promissory Note, Borrower's Rights and Responsibilities Statement, Borrower Certification and Authorization as well as other materials provided in connection with this loan apply equally to the borrower and the borrower's spouse unless otherwise stated.)

34. I declare under penalty of perjury that the following is true and correct:

- The information I have provided on this Federal Consolidation Loan Application and Promissory Note is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- (a) I do not owe an overpayment on a Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, or a Leveraging Educational Assistance Partnership Grant (formerly State Student Incentive Grant), or (b) I owe an overpayment. I have made satisfactory arrangements with the holder to repay the amount owed. (c) I am not now in default on any loan that I am consolidating or, if I am in default, I have either (a) made satisfactory arrangements with the holder of the defaulted loan(s) to repay the amount owed, or (b) for Federal Stafford, SLS, PLUS, or Consolidation loans, I agree to repay the Federal Consolidation Loan under income-sensitive repayment terms.
- The loans I am requesting to consolidate are in grace or in repayment status (including loans in deferment or forbearance).
- I do not have any other application pending for a Federal Consolidation Loan with any other lender. I am not a holder of any HEAL loan with any holder who is not the consolidating lender. I further certify that I have sought and been unable to obtain a Federal Consolidation Loan from the holder of my loans, or the holder elected to provide me with an income-sensitive repayment schedule.
- If I have an outstanding Federal Consolidation Loan, I am eligible for another Federal Consolidation Loan because (a) I have subsequently borrowed another eligible loan(s), or (b) I am consolidating a Federal Consolidation Loan with at least one other eligible loan.
- All of the loans selected for consolidation have been used to finance my education or my child's education.
- I am not subject to a judgment secured through litigation or to an order for wage garnishment, except as I have disclosed.
- If I am applying jointly with my spouse, we are legally married to each other.

35. I also make the following authorizations and statements of understanding:

- I understand that the amount of my Federal Consolidation Loan will be based on the payoff amounts of my outstanding eligible loans that I selected for consolidation, as provided by the holders of those loans, and may exceed my estimate of such payoff amounts. The actual payoff amounts may differ from the estimated payoff amounts because the holders will include unpaid principal, unpaid accrued interest, and other costs as permitted by federal regulations in the payoffs reported to the consolidating lender. I understand that if any collection costs are owed on the loans selected for consolidation, these costs may be added to the principal balance of the Federal Consolidation Loan and, in the case of Federal Stafford, SLS, PLUS, or Consolidation loans in default and held by a guaranty agency, may not exceed 18.0 percent of the outstanding principal and interest on the loan at the time the guaranty agency certifies the payoff amounts.
- I understand that I may no longer be eligible for some deferment types and for subsidized deferment periods on some loans being consolidated. I also understand that I may no longer be eligible for some loan discharge and types of forgiveness that were available on the loans being consolidated. If I am applying jointly with my spouse, I further understand that my Federal Consolidation Loan will be fully discharged only if both of us qualify for discharge and may be partially discharged if only one of us qualifies for discharge. I also understand that I may postpone repayment of my loan only if I provide the lender with a request that certifies deferment or forbearance eligibility for both of us at the same time.
- I authorize the consolidating lender to contact the holders identified on my application to determine the eligibility and/or payoff amounts for the loans I have selected for consolidation. I further authorize those holders to release that information.
- I authorize the consolidating lender to send the proceeds of my Federal Consolidation Loan to each holder of the loans I have identified to pay off the debt.
- If the amounts my consolidating lender sends to my lenders exceed the amounts needed to pay off the balances of the selected loans, I understand that the holders will retain the excess in my consolidating lender to be applied against the outstanding balance of this loan. If the amounts my consolidating lender sends to my lenders are less than the amounts needed to pay off the balances of the loans selected for consolidation, I will be responsible for repaying my consolidating lender at and the remaining amount. I authorize the consolidating lender to include the remaining amounts in the Federal Consolidation Loan, unless I pay off the remaining balances.
- I authorize the consolidating lender, the guarantor, or their agents to investigate my credit record and report information concerning my loan status to persons and organizations permitted by law to receive such information.
- I authorize the release of information pertinent to this loan: (a) by the school(s), the lender, and the guarantor, or their agents, to the references on this loan and to members of my immediate family unless I submit written directions otherwise; and (b) by and among my schools, lenders, guarantors, the Department of Education, and their agents.
- I authorize the Department of Education and its agents to verify my Social Security Number with the Social Security Administration (SSA) and, if the number on my loan record is incorrect, then I authorize SSA to disclose my correct Social Security Number to those parties.
- If I have HEAL loans serviced by the consolidating lender and such loans are not included in this Federal Consolidation Loan, I authorize the establishment of a combined payment plan on my behalf.

### Section G. Promissory Note (continued on next page; To be completed and signed by the borrower and spouse, if applicable)

(In this Promissory Note, "lender" refers to and this Promissory Note benefits the original consolidating lender and its successors and assigns, including any subsequent holder of this Promissory Note.)

36. Promise to Pay:

I promise to pay to the order of the lender, all sums disbursed (hereafter "loan") under the terms of this Promissory Note (hereafter "Note") to pay off my prior loan obligations, plus interest and other charges and fees that may become due as provided in this Note. Unless I make interest payments, interest that accrues on my loan during forbearance periods and on the unsubsidized portion of my loan during deferment periods will be added, as provided under the Act, to the principal balance of the loan. If I fail to make my payments on this Note when due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees.

If I am applying jointly with my spouse, I understand and agree that I am and will continue to be held jointly and severally liable for the entire amount of the debt represented by the Federal Consolidation Loan without regard to the amounts of our individual loan obligations that are consolidated and without regard to any change that may occur in our marital status. I understand this means that I may be required to pay the entire amount due if my spouse is unable or refuses to pay.


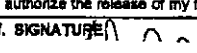
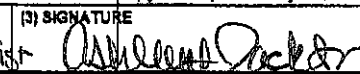
I understand that this is a Promissory Note. I will not sign this Note before receiving the entire Note even if I am otherwise advised. I am entitled to an exact copy of this Note and the Borrower's Rights and Responsibilities Statement. My signature certifies I have read, understood, and agree to the terms and conditions of this Note, including the Borrower Certification and Authorization and the Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT THIS IS A LOAN THAT I MUST REPAY.

37. Borrower's Signature \_\_\_\_\_ Today's Date (Month/Day/Year) \_\_\_\_\_

38. Spouse's Signature (if consolidating jointly) \_\_\_\_\_ Today's Date (Month/Day/Year) \_\_\_\_\_

TRUE  
AND  
EXACT

<b>DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION</b>	<b>CONTROL NO.</b>  	<b>LOAN PROGRAM (x one)</b> <input checked="" type="checkbox"/> ACTIVE DUTY LRP <input type="checkbox"/> HEALTH PROFESSIONALS LRP <input type="checkbox"/> SELECTED RESERVE LRP	OMB No. 0704-0152 OMB approval expires Jan 31, 2017
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.			
PRIVACY ACT STATEMENT			
<b>AUTHORITY:</b> 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Loan Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Loan Repayment Program: Members of Selected Reserve; 16302, Education Loan Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaplains Serving in the Selected Reserve, and E.O. 9397, Social Security Number (SSN). <b>PRINCIPAL PURPOSE(S):</b> In completing this form, you are requesting your Military Service to pay a portion of your student loan(s). The information you provide will be reviewed by Military Service personnel record custodians to verify that you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: <a href="http://dpcio.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html">http://dpcio.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html</a> . <b>ROUTINE USE(S):</b> To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> may apply to this collection. <b>DISCLOSURE:</b> Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed. <b>OFFICIAL MILITARY PERSONNEL FILES:</b> Air Force: <a href="http://dpcio.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html">http://dpcio.defense.gov/privacy/SORNs/component/airforce/F036_AF_PC_C.html</a> Army: <a href="http://dpcio.defense.gov/privacy/SORNs/component/army/A0670-B-104B_AHRC.html">http://dpcio.defense.gov/privacy/SORNs/component/army/A0670-B-104B_AHRC.html</a> Army National Guard: <a href="http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-B-104b_NGB.html">http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-B-104b_NGB.html</a> Navy: <a href="http://dpcio.defense.gov/privacy/SORNs/component/navy/N01070-3.html">http://dpcio.defense.gov/privacy/SORNs/component/navy/N01070-3.html</a> Marine Corps: <a href="http://dpcio.defense.gov/privacy/SORNs/component/usmc/M01070-6.html">http://dpcio.defense.gov/privacy/SORNs/component/usmc/M01070-6.html</a>			
<b>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</b>			
<b>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</b> NAVY LOAN REPAYMENT PROGRAM MANAGER NAVY RECRUITING COMMAND 5722 INTEGRITY DRIVE BLDG 784 MILLINGTON, TN 38054 EMAIL: CNRC_LRP-EB@NAVY.MIL		<b>b. VERIFYING OFFICIAL</b> I certify that this servicemember has performed satisfactorily. (1) NAME (Last, First, Middle Initial) ROMANO, PATRICIA (2) SIGNATURE  (3) DATE SIGNED (YYYYMMDD) 	
<b>2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))</b>			
<b>a. NAME (Last, First, Middle Initial)</b> 		<b>b. ADDRESS (Street, City, State, and ZIP Code)</b> 	
<b>c. SOCIAL SECURITY NO.</b> 	<b>d. TELEPHONE NO. (Include Area Code)</b> 	I authorize the release of my financial data by lender/lender to complete entries in Section 3.	
<b>e. E-MAIL ADDRESS</b> 		<b>f. SIGNATURE</b> 	<b>g. DATE SIGNED (YYYYMMDD)</b> 20140409
<b>3. LOAN DATA (To be completed by loan servicing agency)</b>			
<b>a. NAME ON THE LOAN (Last, First, Middle Initial)</b> 		<b>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)</b> 20000412	
<b>c. ORIGINAL LOAN AMOUNT</b> 4100.00	<b>d. LOAN</b> 1 <b>OF</b> 1 <b>LOANS</b>	<b>e. LOAN ACCOUNT NUMBER</b> 	
<b>f. LOAN HOLDER NAME</b> Southern Illinois University		<b>g. LOAN HOLDER ADDRESS (Include ZIP Code)</b> 1263 Lincoln Dr Carbondale, IL 62901	<b>h. TELEPHONE NUMBER (Include Area Code)</b> (618) 453-2174
<b>i. LOAN IN DEFAULT (x one)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>j. UNPAID PRINCIPAL BALANCE</b> 1673.52	<b>k. OUTSTANDING BALANCE</b> 1680.49	<b>l. IS THIS A CONSOLIDATED LOAN?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>m. FEDERAL TAX IDENTIFICATION NO.</b> 37-6005961	<b>n. TYPE OF LOAN (See Instructions)</b> Perkins	<b>o. LOAN INTEREST</b> (1) CAPITALIZED \$ 0 (2) CURRENT YEAR \$ 6.97	
<b>p. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)</b> Southern Illinois University 1263 Lincoln Dr Carbondale, IL 62901		<b>q. LENDER ROUTING NUMBER</b> 0	
<b>r. CERTIFYING OFFICER.</b> As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.			
<b>(1) NAME (Last, First, Middle Initial)</b> Jackson, Ashley	<b>(2) TITLE</b> Collection Specialist	<b>(3) SIGNATURE</b> 	<b>(4) DATE SIGNED (YYYYMMDD)</b> 20140414



# FEDERAL PERKINS LOAN MASTER PROMISSORY NOTE

OMB No. 1845-0074 Form Approved, Expiration Date 06/30/2006

## Section A: Borrower Section

1. Name (last, first, middle initial) and  
Permanent Address (street, city, state, zip code)

2. Social Security Number ID#

3. Date of Birth (mm/dd/yyyy)

4. Home Area Code/Telephone Number

5. Driver's License Number (List state abbreviation first)

## Section B: School Section

6. School Name & Address (street, city, state, zip code)

7. Annual Interest Rate

5%

[Any bracketed clause or paragraph may be included at option of institution]

### Terms and Conditions: (Note: Additional Terms and Conditions follow on subsequent pages)

**APPLICABLE LAW** - The terms of this Federal Perkins Loan Master Promissory Note (hereinafter called the Note) and any disbursements made under this Note shall be interpreted in accordance with Part E of Title IV of the Higher Education Act of 1965, as amended (hereinafter called the Act), as well as Federal regulations issued under the Act. All loans advanced under this Note are subject to the Act and Federal regulations issued under the Act.

**REPAYMENT** - I am obligated to repay the principal and the interest that accrues on my loan(s) to the above-named institution (hereinafter called the School) over a period beginning 9 months (or sooner if I am a Less-Than-Half-Time Borrower) after the date I cease to be at least a half-time student at an institution of higher education or a comparable School outside the United States approved by the United States Department of Education (hereinafter called the Department) and ending 10 years later, unless I request in writing that my repayment period begin sooner. I understand that the School will report the amount of my installment payments, along with the amount of this loan to at least one national credit bureau. Interest on this loan shall accrue from the beginning of the repayment period. My repayment period may be shorter than 10 years if I am required by my School to make minimum monthly payments. My repayment period may be extended during periods of deferment, hardship, or forbearance and I may make graduated installments in accordance with a schedule approved by the Department. I will make my installment payments in equal monthly, bi-monthly, or quarterly installments as determined by the School. The School may round my installment payment in the next highest multiple of \$5. [I will make a minimum monthly repayment of \$40 (or \$30 if I have outstanding Federal Perkins Loans made before October 1, 1992 that included the \$30 minimum payment option or outstanding National Direct Student Loans) in accordance with the Minimum Monthly Payment Section of the Terms and Conditions contained on the reverse side of this document.]

**LATE CHARGES** - The School may impose late charges if I do not make a scheduled payment when due or if I fail to submit to the School on or before the due date of the payment, a properly documented request for any of the forbearance, deferment, or cancellation benefits as described below. No late charges may exceed 20 percent of my monthly, bi-monthly, or quarterly payment. The School may add the late charges to principal the day after the scheduled payment was due or include it with the next scheduled payment after I have received notice of the charge, and such notice is sent before the next installment is due.

**FORBEARANCE, DEFERMENT, OR CANCELLATION** - I may apply for a forbearance, deferment, or cancellation on my loan. During an approved forbearance period, payments of principal and interest, or principal only, may be postponed or reduced. Interest continues to accrue while my loan is in forbearance. During an approved deferment period, I am not required to make scheduled installment payments on my loan. I am not liable for any interest that might otherwise accrue while my loan is in deferment. If I meet the eligibility requirements for a cancellation of my loan, the institution may cancel up to 100 percent of the outstanding principal loan amount. Information on eligibility and application requirements for forbearances, deferments, and cancellations is provided on pages 2 and 3 of this Note. I am responsible for submitting the appropriate requests on time, and I may lose my benefits if I fail to file my request on time.

**DEFAULT** - The School may, at its option, declare my loan to be in default if (1) I fail to make a scheduled payment when due; (2) I fail to submit to the School, on or before the due date of a scheduled payment, documentation that I qualify for a forbearance, deferment, or cancellation; or (3) I fail to comply with the terms and conditions of this Note or written repayment agreement. The School may assign a defaulted loan to the Department for collection. I will be ineligible for any further federal student financial assistance authorized under the Act until I make arrangements that are satisfactory to the School or the Department to repay my loan. The School or the Department shall disclose to credit bureau organizations that I have defaulted and all other relevant loan information. I will lose my right to defer payments and my right to forbearance if I default on my loan. The School or the Department may accelerate my defaulted loan. Acceleration means that the School or the Department demands immediate payment of the entire unpaid balance of the loan, including principal, interest, late charges, and collection costs. I will lose my right to receive cancellation benefits for service that is performed after the date the School or the Department accelerated the loan.

**CHANGE OF STATUS** - I will inform the School of any change in my name, address, telephone number, Social Security Number, or driver's license number.

**PROMISE TO PAY** - I promise to pay the School, or a subsequent holder of the Note, all sums disbursed under the terms of this Note, plus interest and other fees which may become due as provided in this Note. I understand that multiple loans may be made to me under this Note. I understand that by accepting any disbursements issued at any time under this Note, I agree to repay the loans. I understand that each loan is separately enforceable based on a true and exact copy of this Note. I understand that I may cancel or reduce the amount of any loan by not accepting or by returning all or a portion of any disbursement that is issued. If I do not make any payment on any loan under this Note when it is due, I promise to pay all reasonable collection costs, including attorney fees, court costs, and other fees. I will not sign this Note before reading the entire Note, even if I am told that I am not required to read it. I am entitled to an exact copy of this Note. This loan has been made to me without security or endorsement. My signature certifies I have read, understood, and agree to the terms and conditions of this Note.

**I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MASTER PROMISSORY NOTE AND THAT I MUST REPAY SUCH LOANS.**

Borrower's Signature

Date

NOT FEDERAL

# Signature Student Loan® - NOT ELIGIBLE

Application and Promissory Note

For Loan Applications Received by May 31, 2007

PRIVATE LOAN

**Sallie Mae**  
Education Trust

Academic Year  
2006-2007

## Section A: Borrower Information Please read instructions before completing this section.

Social Security Number		Last Name and Suffix		First Name		MI	
Permanent Address (No P.O. Boxes)				City		State ZIP Code	
Permanent Phone Number		Cellular Phone Number		Time of Address (if less than one year, provide prior address)		Years Months	
Prior Address				City		State ZIP Code	
Address While in School				City		State ZIP Code	
Phone Number While in School		Date of Birth (mm/dd/yy)		Email Address			
Citizenship (check one) a) U.S. Citizen <input checked="" type="checkbox"/> b) Non-Citizen Permanent Resident <input type="checkbox"/> c) Foreign Resident <input type="checkbox"/> Note: For options b, c or d see instructions				Have you ever defaulted on a student loan? (check one) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, see instructions for required action			
Total Loan Amount Requested We encourage you to borrow conservatively, but try to borrow the full amount you need so you will not have to submit another application. (see instructions)				Enrollment Period for which you want to borrow money (cannot exceed 12 months)		From (mm/yy) To (mm/yy)	
School Name				City		State	
(Grade Level (refer to instructions))		Course of Study (refer to instructions)		Current Outstanding Student Loan Debt (refer to instructions) \$			
References - You must provide (two (2)) adult references other than the cosigner							
1) Last Name and Suffix		First Name		MI		Relationship to Borrower	
Email Address		Permanent Phone Number		Alternate Phone Number			
2) Last Name and Suffix		First Name		MI		Relationship to Borrower	
Email Address		Permanent Phone Number		Alternate Phone Number			

## Section B: Cosigner Information Please read instructions before completing this section.

Social Security Number		Last Name and Suffix		First Name		MI	
Address (No P.O. Boxes)				City		State ZIP Code	
Permanent Phone Number		Cellular Phone Number		Time of Residence (if less than one year, provide prior address)		Years Months	
Prior Address (No P.O. Boxes)				City		State ZIP Code	
Citizenship (check one) a) U.S. Citizen <input checked="" type="checkbox"/> b) Non-Citizen Permanent Resident <input type="checkbox"/> c) Foreign Resident <input type="checkbox"/> Note: For options b, c or d see instructions				Date of Birth (mm/dd/yy)			
Present Employer Name				Employer Address (City, State, ZIP Code)		Work Phone Number	
Gross Monthly Income (see instructions) Note: You do not have to reveal alimony, child support or separate maintenance income unless you wish it to be considered as a basis for loan repayment. Salary \$ Other \$ Source				Monthly Mortgage/Rent Amount (check one) Own <input type="checkbox"/> Rent <input checked="" type="checkbox"/>		Cosigner's Email Address	
References - You must provide two (2) adult references other than the borrower							
1) Last Name and Suffix		First Name		MI		Relationship to Cosigner	
Email Address		Permanent Phone Number		Alternate Phone Number			
2) Last Name and Suffix		First Name		MI		Relationship to Cosigner	
Email Address		Permanent Phone Number		Alternate Phone Number			

## Section C: Borrower and Cosigner Signature

<b>CAUTION - IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT. THE COSIGNER, HAVE READ THE APPLICABLE COSIGNER NOTICE.</b>	<b>Notice to Customer:</b> (a) Do not sign this before you read the Promissory Note even if otherwise advised. (b) Do not sign this if it contains any blank spaces. (c) You are entitled to an exact copy of any agreement you sign. (d) You have the right at any time to pay in advance the unpaid balance due under this agreement and you may be entitled to a partial refund of the finance charge.	I declare that the information provided above is true and complete to the best of my knowledge and belief. I have read the Promissory Note accompanying this application and the Notice to Cosigner. Promise to pay: Jointly and severally with the other signers below, I promise to pay the lender or any other holder of this loan all sums disbursed under the terms of the Promissory Note, plus interest and all other charges that may become due. The terms and conditions set forth in the Promissory Note constitute the entire agreement between us.

Borrower Signature \_\_\_\_\_ (seal) Date \_\_\_\_\_

Cosigner Signature (if applicable) \_\_\_\_\_ (seal) Date \_\_\_\_\_

## Section D: School Certification Must be completed by an authorized school official.

School Name		School Code/Address		Disbursement Date (mm/dd/yy)		Disbursement Amount	
For the Enrollment Period (not to exceed 12 months) From Date (mm/dd/yy) To Date (mm/dd/yy)		Grade Level (circle one) Please refer to instructions. Undergraduate 1 2 3 4 5 Graduate A B C D		1. / /		1. \$	
Enrollment Status (check one) Full-time <input type="checkbox"/> Half-time <input type="checkbox"/>		Course of Study (refer to instructions)		2. / /		2. \$	
Anticipated Completion Date (mm/dd/yy)		3. / /		3. \$		4. \$	
		4. / /		4. \$		Total Certified Amount: \$	

I hereby certify that the Borrower is eligible for a Signature Student Loan; that the Total Certified Amount does not exceed the student's cost of attendance minus other financial aid; that the School will, at the request of the lender, provide the lender with subsequent information regarding the Borrower's whereabouts; that this School will comply with all applicable loan policies and provisions; and that information provided in Sections A and B is true, complete and correct to the best of my knowledge and belief.

Authorized school official \_\_\_\_\_ Print or type name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

ONWLD\_SW/IS Return Application To: Sallie Mae • PO Box 147023 • Gainesville, FL 32614-7023 Copyright © Sallie Mae 2006-06 App Code: 1XSP0001 Prom Note Code: 3XSP0001

1. BORROWER MUST BE A U.S. CITIZEN OR A NON-CITIZEN PERMANENT RESIDENT.

2. BORROWER MUST BE ENROLLING IN A POST-SECONDARY EDUCATIONAL PROGRAM.

3. BORROWER MUST BE A U.S. CITIZEN OR A NON-CITIZEN PERMANENT RESIDENT.



## National Student Loan Data System (NSLDS) for Stu

NSLDS is a repository of information from many sources. Changes to the data are made by those sources. Collecting the data into one central location such as NSLDS gives you convenience and saves you time. If for any reason you disagree with the information reported to NSLDS, please contact one or more of the sources of your data listed on the detail pages on this site. The Department is also available as a resource at 1-800-4FEDAID if you need additional assistance. Your comments and corrections will help improve the services NSLDS provides.

**What is your social security number?**

Please enter this number without the dashes. For example, 123456789.

**What are the first two (2) letters of your last name?****What is your date of birth?**

Please enter this date in "mmddyyyy" format. For example, 08171975 for August 17, 1975.

**What is your PIN?**

Please enter pin by selecting a value from each column in grid to right. Each column represents 1 position within your 4-digit pin. Select a number by mouse click or moving to it with keyboard arrow keys:



If using arrow keys, move mouse off of grid so it does not conflict with keyboard. Use the up and down arrows to move to desired number within column; use right and left arrows to move between columns.

Below each column is an indicator showing if a value from the column has been selected: Y=Yes, N=No

1	8	6	8
2	9	7	9
3	0	8	0
4	1	9	1
5	2	0	2
6	3	1	3
7	4	2	4
8	5	3	5
9	6	4	6
0	7	5	7
N	N	N	N

Since your PIN can be used to retrieve personal information about you and to sign documents, including a promissory note, you must not share or disclose the PIN to others. By using your PIN, you agree that it has not been compromised — no one besides you knows it. If you think your PIN has been compromised, you should change it at the Department of Education PIN Registration Web site using the option "Change PIN".

NSLDS Student Access site only supports the current 4-digit PIN standard. If you have a PIN that does not conform to this standard, please visit [www.pin.ed.gov](http://www.pin.ed.gov) to establish a new 4-digit pin.

You will be prompted to re-enter the information on this page after 15 minutes of inactivity.

Information contained on these pages reflects the most current data in the NSLDS database. The data contained on this site is for general information purposes and should not be used to determine eligibility, loan payoffs, overpayment status, or tax reporting. Please consult the Financial Aid Officer at your school or the specific holder of your debts for further information.



## National Student Loan Data System (NSLDS) for Stu

NSLDS is a repository of information from many sources. Changes to the data are made by those sources. Collecting the data into one central location such as NSLDS gives you convenience and saves you time. If for any reason you disagree with the information reported to NSLDS, please contact one or more of the sources of your data listed on the detail pages on this site. The Department is also available as a resource at 1-800-4FEDAID if you need additional assistance. Your comments and corrections will help improve the services NSLDS provides.

Aid Summary for

Your enrollment status is GRADUATED , effective 03/14/2013.

MyStudentData  
Download

## Loans

	Type of Loan	Loan Amount	Loan Date	Disbursed Amount	Canceled Amount	Outstanding Principal	Outstanding Interest
1	DIRECT STAFFORD UNSUBSIDIZED	\$2,881	07/18/2011	\$2,881	\$0	\$2,306	\$1
2	STAFFORD UNSUBSIDIZED	\$2,000	02/08/2010	\$0	\$2,000	\$0	\$0
3	STAFFORD SUBSIDIZED	\$5,500	02/08/2010	\$0	\$5,500	\$0	\$0
4	STAFFORD UNSUBSIDIZED	\$2,000	06/29/2009	\$2,000	\$0	\$1,816	\$1
5	STAFFORD SUBSIDIZED	\$5,500	06/29/2009	\$5,500	\$0	\$4,998	\$1
6	STAFFORD SUBSIDIZED	\$2,173	08/13/2008	\$2,173	\$0	\$1,991	\$1
7	STAFFORD UNSUBSIDIZED	\$1,880	08/13/2008	\$1,880	\$0	\$1,415	\$1
8	STAFFORD UNSUBSIDIZED	\$2,847	08/04/2008	\$2,847	\$0	\$2,465	\$1
9	STAFFORD UNSUBSIDIZED	\$158	11/09/2007	\$79	\$79	\$70	\$1
10	STAFFORD SUBSIDIZED	\$2,074	09/10/2007	\$0	\$2,074	\$0	\$0
11	STAFFORD UNSUBSIDIZED	\$3,500	09/10/2007	\$3,500	\$0	\$3,115	\$19
Total DIRECT STAFFORD UNSUBSIDIZED						\$2,306	\$1
Total STAFFORD UNSUBSIDIZED						\$8,881	\$23
Total STAFFORD SUBSIDIZED						\$6,989	\$2
Total All Loans						\$15,176	\$26

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